

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>12-7-00</u>	2 Serial/Patent # <u>09/527026</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT
<input type="checkbox"/> Notice of Appeal/Appeal	\$
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$ 1128.00</u>	
8 TO BE REFUNDED BY:	
<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Credit Deposit A/C #:	
9 <u>02-4800</u>	
10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
No Fee Due (Explanation):  <i>Small Entity</i>	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>R. Brink</u>	
SIGNATURE: <u>R. Brink</u>	TITLE: <u>Legal Examiner</u>
OFFICE: <u>PT3-0, P.E.</u>	PHONE: <u>308-6491</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: <u>R. Brink</u>	DATE: <u>12/1/00</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B